

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket No. (Optional)

511582001200



In re Application of Mary FARIS, et al.

Application Number  
09/881,636

Filed  
June 13, 2001

For: 55P4H4: GENE EXPRESSED IN VARIOUS CANCERS

Art Unit 1642

Examiner M. Yu, Ph.D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |           |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 29,959

October 14, 2003

Date

(858) 720-5112

Telephone Number

*Kate H. Murashige*  
Signature

Kate H. Murashige  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/14/03 Signature: *Tami M. Procopio* (Tami Procopio)

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OCT 22 2003

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